Case 22-22566-GLT Doc 30 Filed 01/18/23 Entered 01/18/23 15:14:11 Desc Main Document Page 1 of 58

| Fill in this infor | mation to identify your | case: | | |
|---|-------------------------|--------------------|-----------------|--------------------------------------|
| Debtor 1 | Kristal C. Owens | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | WESTERN DISTRICT (| OF PENNSYLVANIA | |
| Case number | 22-22566 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pai | t 1: Summarize Your Assets | | |
|-----------------|---|------------|---------------------------|
| | | Your a | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 540,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 18,910.06 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 558,910.06 |
| Paı | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 283,181.68 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 79,582.60 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 139,904.77 |
| | Your total liabilities | \$ | 502,669.05 |
| ^o ai | t 3: Summarize Your Income and Expenses | | |
| 1. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 13,041.62 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 8,870.44 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sc | hedules. |
| 7 . | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal | , family, or |
| | | | |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

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| Debtor 1 | Kristal C. Owens | Case number (if known) | 22-22566 |
|----------|------------------|------------------------|----------|
| | | | |

the court with your other schedules.

3. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

| \$ | |
|----|--|
| | |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim |
|--|-------------|
| From Part 4 on Schedule E/F, copy the following: | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ |
| 9d. Student loans. (Copy line 6f.) | \$ |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ |
| 9g. Total. Add lines 9a through 9f. | \$ |

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| | | | Doo | cument | Page 3 of 58 | | | |
|---------------------------------|--|-------------------------------|-----------|--|--|--|--|---------------------------------------|
| Fill in this in | nformation to identify | your case and th | is filinç | g: | | | | |
| Debtor 1 | Kristal C. Ov | vens | | | | | | |
| | First Name | Middle | Name | | Last Name | | | |
| Debtor 2 (Spouse, if filing) |) First Name | Middle | Name | | Last Name | | | |
| United State | s Bankruptcy Court for | the: WESTERN | DISTR | ICT OF PENN | ISYLVANIA | | | |
| Case numbe | er 22-22566 | | | | | _ | | ☐ Check if this is an |
| | | | | | _ | | | amended filing |
| Sched | st. Be as complete and a more space is needed, | coperty escribe items. List a | e. If two | married people | an asset fits in more than one e are filing together, both are e top of any additional pages | equally resp | onsible for su | pplying correct |
| Part 1: Desc | cribe Each Residence, B | uilding, Land, or Otl | ner Real | Estate You Ow | vn or Have an Interest In | | | |
| □ No. Go t ■ Yes. Wh | , - | uitable interest in a | | | land, or similar property? | | | |
| 1.1 6564 F | Frankstown Ave | | _ | | ? Check all that apply | | | |
| | 6564 Frankstown Ave. Street address, if available, or other description | | | Single-family had been been been been been been been bee | | Do not deduct secured claims or exem the amount of any secured claims on 3 Creditors Who Have Claims Secured I | | d claims on Schedule D: |
| Pittsb | urah PA | 15206-0000 | | | or mobile home | Current va | | Current value of the portion you own? |
| City | State | ZIP Code | | Investment pro | operty | | 5,000.00 | \$275,000.00 |
| | | | ■ | | Mixed Use/Not | | Describe the nature of your ownership interests | |
| | | | • | | a life estat | tate), if known. | | |
| Allegh | neny | | | Debtor 2 only | | | | |
| County | | | | Debtor 1 and I | Debtor 2 only | ☐ Check | if this is com | munity property |
| | | | | | f the debtors and another ou wish to add about this ite on number: | (see ins | Check if this is community property (see instructions) n, such as local | |
| | | | 2 ca | r garage partments | | | | |

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| City State ZIP Code Investment property \$265,000.00 \$265,000. Dist. of Columbia Debtor 1 only Debtor 1 and Debtor 2 only Debtor information you wish to add about this item, such as local property identification number: Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | Debt | or 1 <u>K</u> r | ristal C. Owens | | Case | number (if known) | 22-22566 |
|--|------------------------|--|---|---------------------------------------|--|---|--|
| Street address, if available, or other description | | If you ov | vn or have more | than one, list h | ere: | | |
| Street address, if available, or other description Duplex or multi-unit building Condominium or cooperative | 1.2 | | | | What is the property? Check all that apply | | |
| Washington DC 20019-0000 City State ZIP Code Land Investment property Timeshare Other 4 Unit Apartment Other 4 Unit Apartment Describe the nature of your ownership inte (such as fee simple, tenancy by the entiret a life estate), if known. Dist. of Columbia County Dist. of Columbia County Debtor 1 and Debtor 2 only Other of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | | | | ecrintion | | | |
| Washington DC 20019-0000 City State ZIP Code Investment property Timeshare Other Other Debtor 1 and Debtor 2 only Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | | Officer address | s, ii available, or other de. | scription | | | |
| Washington DC 20019-0000 City State ZIP Code Investment property \$265,000.00 \$265,00 Timeshare Other 4 Unit Apartment Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | | | | | Condominium or cooperative | | |
| Land Investment property State ZIP Code Investment property See 5,000.00 \$265,000.00 | | | | | | Current value of th | e Current value of the |
| Dist. of Columbia Dist. of Columbia Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 2 only Debtor 1 and Debt | | Washing | jton DC | 20019-0000 | Land | | portion you own? |
| Dist. of Columbia Describe the nature of your ownership inte (such as fee simple, tenancy by the entired a life estate), if known. Describe the nature of your ownership inte (such as fee simple, tenancy by the entired a life estate), if known. Describe the nature of your ownership inte (such as fee simple, tenancy by the entired a life estate), if known. Describe the nature of your ownership inte (such as fee simple, tenancy by the entired a life estate), if known. Check if this is community property (see instructions) Check if this is community property identification number: Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | | City | State | ZIP Code | ☐ Investment property | \$265,000. | 00 \$265,000.00 |
| Dist. of Columbia County Debtor 1 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 2 only Debtor 3 only Debtor 6 only Debtor 6 only Debtor 8 only Debtor 9 only Deb | | | | | | Describe the nature | e of your ownership interest |
| Dist. of Columbia Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | | | | | Other 4 Unit Apartment | (such as fee simple | e, tenancy by the entireties, or |
| Dist. of Columbia Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this is community property (see instructions) At least one of the debtors and another other information you wish to add about this item, such as local property identification number: Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | | | | | _ | a life estate), if kno | wn. |
| County Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | | D:-1 -6.0 | 0 - l l. ! - | | =, | | |
| Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | | | Joiumbia | | =, | | |
| Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | | County | | | | | s community property |
| 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | | | | | | (, | |
| 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | | | | | - | n, such as local | |
| 3.1 Make: Honda Who has an interest in the property? Check one the amount of any secured claims or exemptions. The amount of any secured claims on Schedul Creditors Who Have Claims Secured by Property? Year: 2019 Who has an interest in the property? Check one the amount of any secured claims on Schedul Creditors Who Have Claims Secured by Property? | Part Do yes some 3. Ca | Describe Des | have attached for e Your Vehicles ase, or have legal rives. If you lease a trucks, tractors, sp Honda Accord | or equitable inter vehicle, also repo | est in any vehicles, whether they are registere rt it on Schedule G: Executory Contracts and Une s, motorcycles ho has an interest in the property? Check one | ed or not? Include a expired Leases. Do not deduct secuthe amount of any secure of the control | red claims or exemptions. Put secured claims on <i>Schedule D:</i> e Claims Secured by <i>Property</i> . |
| Current value of the Current value of | | | | | | | |
| | | • • | | | · ! | citile property? | portion you own? |
| Other information: At least one of the debtors and another Joint with Harlyn Owens | | | | | At least one of the debtors and another | | |
| She is on the title for convenience Check if this is community property (see instructions) \$14,000.00 \$7,000 | | She is o | on the title for | | | \$14,000. —————————————————————————————————— | 97,000.00 |
| l de la companya de | | | | | | | \$7,000.00 |
| 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here | Part | 3: Describ | e Your Personal and | Household Items | | | |
| 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here | Do y | ou own oi | r have any legal or | equitable interes | t in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or examplians |

Official Form 106A/B Schedule A/B: Property page 2

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Case number (if known) 22-22566 Debtor 1 Kristal C. Owens 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe..... \$3,000.00 household furnishings 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$400.00 I phone 13 **IPad** \$150.00 \$400.00 HP Laptop \$550.00 I Mac \$100.00 Att Landline phone \$200.00 Flat screen TV Humidifier \$150.00 Ceragem Bed (Version 1) \$200.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles □ No Yes. Describe..... books \$1,000.00 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ☐ No Yes. Describe..... \$200.00 Bike 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment □ No Yes. Describe..... \$400.00 handgun, luger

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| Debtor 1 | Kristal C. Owens | | Ca | se number (if known) | 22-22566 |
|--------------|--|-----------------------------|--|---------------------------|--|
| □ No | | furs, leather coats, design | er wear, shoes, accessories | | |
| | Clo | thing | | | \$1,000.00 |
| □ No | • | costume jewelry, engagen | nent rings, wedding rings, heirloom jewe | ·lry, watches, gems, go | ld, silver |
| | cos | stume jewelry | | | \$300.00 |
| Exam □ No | arm animals nples: Dogs, cats, birds, . Describe | horses | | | |
| | Dog | g (formerly mothers) | | | \$0.00 |
| for F | Part 3. Write that numb | er here | 3, including any entries for pages yo | u have attached | \$8,050.00 Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ☐ No | | n your wallet, in your home | , in a safe deposit box, and on hand wh | en you file your petitior | · |
| | | | ts; certificates of deposit; shares in cred the same institution, list each. | | |
| _ | | | Institution name: | | |
| | 17 | .1. Checking | USAA Bank (6709) | | \$3,200.00 |
| | 17 | Billing Paying .2. Checking | USAA (2236) | | \$50.00 |
| | 4-7 | 2 Chackings | USAA Rank (7444) | | \$35.06 |

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| De | eptor 1 | Kristal C. Owens | | Ca | se number (if known) | 22-22566 |
|---|---|--|--------------------------|---|------------------------|---|
| | Examp | mutual funds, or publicly bles: Bond funds, investment | | ge firms, money market accounts | | |
| | ■ No | | | | | |
| | ☐ Yes | Ins | stitution or issuer name | 9: | | |
| 19. | Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership in joint venture | | | | | |
| | ■ No | | | | | |
| | ☐ Yes. | Give specific information ab Name | out themof entity: | % | of ownership: | |
| 20. | 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. | | | | | |
| | ☐ Yes. | Give specific information abo | out them | | | |
| | | | name: | | | |
| | | nent or pension accounts bles: Interests in IRA, ERISA, | , Keogh, 401(k), 403(b |), thrift savings accounts, or other pens | sion or profit-sharing | plans |
| | | Material and a second and a second | | | | |
| | ⊔ Yes. | List each account separately Type of a | | Institution name: | | |
| 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No | | | | | | nies, or others |
| | _ | | | Institution name or individual: | | |
| 23. | Annuit | ies (A contract for a periodic | payment of money to | you, either for life or for a number of ye | ears) | |
| | ■ No | in a firm and the firm a firm and | pay | , 5 0, 10, 10, 11, 10, 10, 10, 10, 10, 10, | | |
| | ☐ Yes | Issuer name a | and description. | | | |
| | | s in an education IRA, in a C. §§ 530(b)(1), 529A(b), and | | ed ABLE program, or under a qualif | ied state tuition pr | ogram. |
| | ☐ Yes | Institution nan | ne and description. Se | parately file the records of any interest | s.11 U.S.C. § 521(c) | : |
| 25. | | equitable or future interes | sts in property (other | than anything listed in line 1), and r | ghts or powers ex | ercisable for your benefit |
| | ■ No □ Yes. | Give specific information ab | out them | | | |
| | Examp | s, copyrights, trademarks, bles: Internet domain names, | | her intellectual property om royalties and licensing agreements | | |
| | ■ No | | | | | |
| | ☐ Yes. | Give specific information ab | out them | | | |
| | <i>Examp</i> □ No | | ive licenses, cooperati | ve association holdings, liquor licenses | s, professional licens | ses |
| | ■ Yes. | Give specific information ab | out them | | | |
| | | ps | sychologist license | | | \$0.00 |
| M | oney or | property awad to you? | | | | Current value of the |
| IVIC | oney of | property owed to you? | | | | portion you own? Do not deduct secured claims or exemptions. |

Official Form 106A/B Schedule A/B: Property page 5

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| Del | btor 1 Kristal C. Owe | ns | Case number (if known) | 22-22566 | | | |
|---------------|---|---|--|----------------------------|--|--|--|
| _ | Tax refunds owed to you | | | | | | |
| | ■ No □ Yes. Give specific inform | ation about them, including whether you al | Iready filed the returns and the tax years | | | | |
| 29. | 9. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement | | | | | | |
| | ■ No □ Yes. Give specific inform | ation | | | | | |
| | benefits; unpai | | enefits, sick pay, vacation pay, workers' compe | nsation, Social Security | | | |
| _ | ■ No □ Yes. Give specific inform | nation | | | | | |
| 31. [| Interests in insurance po Examples: Health, disabili No | licies ty, or life insurance; health savings accoun | t (HSA); credit, homeowner's, or renter's insurar | nce | | | |
| | Yes. Name the insurance | e company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: | | | |
| | | Term Life Forrester Financial | Empowerment Center (Primary Beneficiary); Wisdom Center (Contingent Beneficiary) | \$0.00 | | | |
| | | Whole Life Insurance Forrester Financial | Empowerment Center (Primary Beneficiary); Wisdom Center (Contingent Beneficiary) | \$0.00 | | | |
|] [33. | If you are the beneficiary of someone has died. ■ No □ Yes. Give specific inform Claims against third parti | nation ies, whether or not you have filed a laws bloyment disputes, insurance claims, or rigit | insurance policy, or are currently entitled to reconstruction of the second sec | eive property because | | | |
| | | Potential Claim against I | Brother | Unknown | | | |
| | | i otentiai oiaini agamst i | STORIGI | | | | |
| ı | Other contingent and unl ■ No □ Yes. Describe each claim | | ling counterclaims of the debtor and rights to | set off claims | | | |
| | Any financial assets you | did not already list | | | | | |
| _ | ■ No □ Yes. Give specific inform | nation | | | | | |
| 36. | | all of your entries from Part 4, including | any entries for pages you have attached | \$3,360.06 | | | |

Official Form 106A/B Schedule A/B: Property page 6

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Kristal C. Owens Case number (if known) 22-22566 Debtor 1 Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? ☐ No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☐ No ■ Yes. Describe..... \$0.00 delinguent rents (uncollectible) 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices □ No Yes. Describe..... \$500.00 Filing cabinets and printer/fax 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade ■ No ☐ Yes. Describe..... 41. Inventory No ☐ Yes. Describe..... 42. Interests in partnerships or joint ventures ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations No. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ■ No ☐ Yes. Describe..... 44. Any business-related property you did not already list ■ No $\hfill \square$ Yes. Give specific information....... 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$500.00 for Part 5. Write that number here.....

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| Del | otor | 1 Kristal C. Owens | | Case number (if known) | 22-22566 | |
|------------|-----------|--|---------------------------|---------------------------|----------|--------------|
| Par | t 6: | Describe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1. | ou Own or Have an Interes | st In. | | |
| 46. | Doy | you own or have any legal or equitable interest in any farn | n- or commercial fishin | g-related property? | | |
| | | No. Go to Part 7. | | | | |
| | | Yes. Go to line 47. | | | | |
| Par | t 7: | Describe All Property You Own or Have an Interest in That Y | ou Did Not List Above | | | |
| ļ | Exa No | you have other property of any kind you did not already lis amples: Season tickets, country club membership lo es. Give specific information | st? | | | |
| 54. Par | | dd the dollar value of all of your entries from Part 7. Write | that number here | | | \$0.00 |
| rai | о. | List the Totals of Each Part of this Porm | | | | |
| 55. | Pa | art 1: Total real estate, line 2 | | | | \$540,000.00 |
| 56. | Pa | art 2: Total vehicles, line 5 | \$7,000.00 | | | |
| 57. | Pa | art 3: Total personal and household items, line 15 | \$8,050.00 | | | |
| 58. | Pa | art 4: Total financial assets, line 36 | \$3,360.06 | | | |
| 59. | Pa | art 5: Total business-related property, line 45 | \$500.00 | | | |
| 60. | Pa | art 6: Total farm- and fishing-related property, line 52 | \$0.00 | | | |
| 61. | Pa | art 7: Total other property not listed, line 54 | +\$0.00 | | | |
| 62. | То | otal personal property. Add lines 56 through 61 | \$18,910.06 | Copy personal property to | otal | \$18,910.06 |
| 63. | То | otal of all property on Schedule A/B. Add line 55 + line 62 | | | \$5 | 58,910.06 |

Official Form 106A/B Schedule A/B: Property page 8

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| Fill in this infor | | | | |
|---|------------------|--------------------|-----------------|--------------------------------------|
| Debtor 1 | Kristal C. Owens | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | WESTERN DISTRICT (| OF PENNSYLVANIA | |
| Case number | 22-22566 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| | ☐ You are claiming state and federal nonbar | kruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
|----|--|--------------------------------------|--------|---|------------------------------------|
| | ■ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | empt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | household furnishings | \$3,000.00 | | \$3,000.00 | 11 U.S.C. § 522(d)(3) |
| | Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | I phone 13 Line from Schedule A/B: 7.1 | \$400.00 | | \$400.00 | 11 U.S.C. § 522(d)(3) |
| | Line Ironi Scriedule Arb. 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | IPad Line from Schedule A/B: 7.2 | \$150.00 | | \$150.00 | 11 U.S.C. § 522(d)(3) |
| | Line Ironi Schedule AVB. 1.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | HP Laptop Line from Schedule A/B: 7.3 | \$400.00 | | \$400.00 | 11 U.S.C. § 522(d)(3) |
| | Line Ironi Scriedule Arb. 1.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| | I Mac Line from Schedule A/B: 7.4 | \$550.00 | | \$550.00 | 11 U.S.C. § 522(d)(3) |
| | Line from Scriedule A/B: 1.4 | | | 100% of fair market value, up to any applicable statutory limit | |

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| otor 1 Kristal C. Owens | | | Case number (if known) | 22-22566 |
|--|--------------------------------------|----------|--|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | | t of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Check (| only one box for each exemption. | |
| Att Landline phone Line from Schedule A/B: 7.5 | \$100.00 | | \$100.00 | 11 U.S.C. § 522(d)(3) |
| | | | 00% of fair market value, up to ny applicable statutory limit | |
| Flat screen TV Line from Schedule A/B: 7.6 | \$200.00 | •_ | \$200.00 | 11 U.S.C. § 522(d)(3) |
| | | | 00% of fair market value, up to ny applicable statutory limit | |
| Humidifier Line from Schedule A/B: 7.7 | \$150.00 | •_ | \$150.00 | 11 U.S.C. § 522(d)(3) |
| | | | 00% of fair market value, up to ny applicable statutory limit | |
| Ceragem Bed (Version 1) Line from Schedule A/B: 7.8 | \$200.00 | • | \$200.00 | 11 U.S.C. § 522(d)(3) |
| Zino nom conocato 702. 110 | | | 00% of fair market value, up to ny applicable statutory limit | |
| books Line from Schedule A/B: 8.1 | \$1,000.00 | • | \$1,000.00 | 11 U.S.C. § 522(d)(3) |
| | | | 00% of fair market value, up to ny applicable statutory limit | |
| Bike Line from Schedule A/B: 9.1 | \$200.00 | . | \$200.00 | 11 U.S.C. § 522(d)(3) |
| Zino nom constant 702. | | | 00% of fair market value, up to ny applicable statutory limit | |
| handgun, luger Line from Schedule A/B: 10.1 | \$400.00 | | \$400.00 | 11 U.S.C. § 522(d)(5) |
| Zino nom conocato 702. | | | 00% of fair market value, up to ny applicable statutory limit | |
| Clothing Line from Schedule A/B: 11.1 | \$1,000.00 | • | \$1,000.00 | 11 U.S.C. § 522(d)(3) |
| | | | 00% of fair market value, up to ny applicable statutory limit | |
| costume jewelry Line from Schedule A/B: 12.1 | \$300.00 | •_ | \$300.00 | 11 U.S.C. § 522(d)(4) |
| | | | 00% of fair market value, up to ny applicable statutory limit | |
| cash Line from Schedule A/B: 16.1 | \$75.00 | • | \$75.00 | 11 U.S.C. § 522(d)(5) |
| | | | 00% of fair market value, up to ny applicable statutory limit | |
| Checking: USAA Bank (6709) Line from Schedule A/B: 17.1 | \$3,200.00 | • | \$100.00 | 11 U.S.C. § 522(d)(5) |
| Ello II oli ochoddio 77D. 1111 | | | 00% of fair market value, up to ny applicable statutory limit | |

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| De | btor 1 Kris | stal C. Owens | | | Case number (if known) | 22-22566 |
|----|----------------------|---|--|------------------------------------|---|-----------------------|
| | | ption of the property and line on /B that lists this property | s property portion you own Copy the value from Check only one box for each exemption. | Specific laws that allow exemption | | |
| | | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Billing Pa (2236) | aying Checking: USAA | \$50.00 | | \$50.00 | 11 U.S.C. § 522(d)(5) |
| | ` ' | Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | • | gs: USAA Bank (7444) Schedule A/B: 17.3 | \$35.06 | | \$35.06 | 11 U.S.C. § 522(d)(5) |
| | Line nom | Schedule AVD. 11.0 | | | 100% of fair market value, up to any applicable statutory limit | |
| | • | binets and printer/fax | \$500.00 | | \$500.00 | 11 U.S.C. § 522(d)(5) |
| | Line nom | Schedule AVD. 33.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | (Subject to ■ No | • | / 3 years after that for ca | ises fi | led on or after the date of adjustmer | , |
| | ☐ Yes. [| Did you acquire the property cove No | red by the exemption wi | ithin 1 | ,215 days before you filed this case | ? |
| | | Yes | | | | |

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| | | Document Pa | ige 14 | of 58 | | |
|---------------------------------|--|--|-------------|--|--|-----------------------------|
| Fill in this informa | ation to identify you | r case: | | | | |
| Debtor 1 | Kristal C. Owens | | | | | |
| Dahtar 0 | First Name | Middle Name Last | t Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name Last | t Name | | - | |
| United States Banl | kruptcy Court for the: | WESTERN DISTRICT OF PENNSY | LVANIA | | | |
| | 2-22566 | | | | | |
| (if known) | | | | | | if this is an led filing |
| ~ | | | | | | 3 |
| Official Form | 106D | | | | | |
| Schedule [| D: Creditors | Who Have Claims Sec | cured | by Propert | у | 12/15 |
| □ No. Check t | nave claims secured by this box and submit th all of the information b | is form to the court with your other sche | edules. You | u have nothing else t | to report on this form. | |
| Part 1: List All | Secured Claims | | | | | |
| | | nore than one secured claim, list the creditor s | | Column A | Column B | Column C |
| | | a particular claim, list the other creditors in Pa al order according to the creditor's name. | art 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion |
| 2.1 Bayview Lo | oan Servicing | Describe the property that secures the cla | aim: | \$254,748.70 | \$275,000.00 | If any \$0.00 |
| Creditor's Name | | 6564 Frankstown Ave. Pittsburg | h, | | | |
| ATTN: Cus | tomer | PA 15206 Allegheny County | | | | |
| Service/Ba | | 2 car garage 2 Apartments | | | | |
| 4425 Ponce Boulevard, | | As of the date you file, the claim is: Check | all that | | | |
| | es, FL 33146 | apply. | | | | |
| | City, State & Zip Code | ☐ Contingent ☐ Unliquidated | | | | |
| rtambor, Cabor, C | ony, etate a z.p eeae | ☐ Disputed | | | | |
| Who owes the deb | ot? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | An agreement you made (such as mortga | age or secu | red | | |
| Debtor 2 only | | car loan) | | | | |
| ☐ Debtor 1 and Deb | otor 2 only | ☐ Statutory lien (such as tax lien, mechanic | c's lien) | | | |
| ☐ At least one of the | e debtors and another | ☐ Judgment lien from a lawsuit | | | | |

 \square Check if this claim relates to a

community debt

Date debt was incurred

☐ Other (including a right to offset)

Last 4 digits of account number 1918

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| First Name Mode Name Last Name | Debtor 1 Kristal C. Owens | | Case number (if known) | 22-22566 | |
|--|---|---|------------------------|--------------|-------------|
| P.O. Box 11900 Tucson, AZ 85734 Disposate of the Color of She is on the title for convenience As of the date you file, the claim is: Check at itest specified or carbon of the color of the colo | First Name Middle N | lame Last Name | | | |
| P.O. Box 11900 Tucson, AZ 85734 Disposate of the Color of She is on the title for convenience As of the date you file, the claim is: Check at itest specified or carbon of the color of the colo | 2.2 Hughes Federal Union | Describe the property that secures the claim: | \$28,432.98 | \$14,000.00 | \$14,432.98 |
| She is on the title for convenience As of the date you flie, the claim is: Cheex all that apply. Confident | | 2019 Honda Accord | | <u> </u> | |
| P.O. Box 11900 Tucson, AZ 85734 Number, Streen, City, State A Zip Corte Who owes the debt? Check one. Debtor 1 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 and Debtor 5 and Debtor 2 only Debtor 5 and Debtor 5 and Debtor 5 and Bother 5 accommunity debt Date debt was incurred Date debt was incurred Date debt was incurred Date debt 1 only Creditor's Name Creditor's Name Debtor 1 and Debtor 2 only Debtor 1 and Debtor 5 and Debtor 6 and Debtor 7 and Debtor 8 and Debtor 7 and Park 7 and 7 a | | | | | |
| Tucson, AZ 85734 Confingent Unliquidated Disputed Date of the debtor 2 only Date of 2 only Date of 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor | | | | | |
| Who owes the debt? Check one. Debtor 1 conly | | apply. | | | |
| Disposed Nature of lien. Check all that apply. In A agreement you made (such as mortgage or secured car loan) Debtor 1 and Debtor 2 only Al loast one of the debtors and another Check if this claim relates to a community debt Confingent Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 4 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 on | | _ | | | |
| Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 2 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 2 only Debtor 4 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 6 only Debtor 8 on | Number, Street, City, State & Zip Code | <u> </u> | | | |
| □ Debtor 2 only □ Debtor 3 and Debtor 2 only □ Debtor 4 and Debtor 2 only □ Debtor 4 and Debtor 2 only □ Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Attn: Customer Relations P.O. Box 619098 Dallas, TX 75261 Number, Street, Ciry, State 6 2p Code □ Debtor 1 only □ Debtor 1 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 3 more □ Check if this claim relates to a community debt Last 4 digits of account number 440W Describe the property that secures the claim: \$0.00 \$265,000.00 \$0.00 \$0.00 \$0.00 \$0 | Who owes the debt? Check one. | | | | |
| □ Debtor 2 only □ Debtor 3 and Debtor 2 only □ Debtor 4 and Debtor 2 only □ Debtor 4 and Debtor 2 only □ Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Attn: Customer Relations P.O. Box 619098 Dallas, TX 75261 Number, Street, Ciry, State 6 2p Code □ Debtor 1 only □ Debtor 1 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 3 more □ Check if this claim relates to a community debt Last 4 digits of account number 440W Describe the property that secures the claim: \$0.00 \$265,000.00 \$0.00 \$0.00 \$0.00 \$0 | ■ Debtor 1 only | An agreement you made (such as mortgage or | secured | | |
| Statutory lien (such as tax lien, mechanic's lien) | _ ′ | , , | 5554.54 | | |
| Check if this claim relates to a community debt Check if this claim relates to a community debt | <u> </u> | ☐ Statutory lien (such as tax lien, mechanic's lien |) | | |
| Date debt was incurred Last 4 digits of account number 44OW 2.3 Mr. Cooper Creditor's Name Attn: Customer Relations P.O. Box 619098 Dallas, TX 75261 Contingent Uctor and Debtor 2 only Debtor 1 and Debtor 2 and Coordinate Name 2.4 U.S. Bank N.A., as Trustee Creditor's Name Try 5261-9741 Number, Street, City, State & Zp Code Who owes the debt? Check one. 2.4 U.S. Bank N.A., as Trustee Creditor's Name Try 5261-9741 Number, Street, City, State & Zp Code Who owes the debt? Check one. 2.5 Describe the property that secures the claim: \$0.00 \$265,000.00 \$0.00 \$0.00 \$265,000.00 \$0.00 \$0.00 \$265,000.00 \$0.00 \$0.00 \$265,000.00 \$0.00 \$0.00 \$265,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$ | \square At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| Describe the property that secures the claim: Creditor's Name | | Other (including a right to offset) | | | |
| Creditor's Name Attn: Customer Relations P.O. Box 619098 Dallas, TX 75261 Number, Street, City, State & Ztp Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 3 mane Creditor's Name Cre | Date debt was incurred | Last 4 digits of account number 440 | DW | | |
| Attn: Customer Relations P.O. Box 619098 Dallas, TX 75261 Number, Street, City, Slate & Zip Code Unliquidated | 2.3 Mr. Cooper | Describe the property that secures the claim: | \$0.00 | \$265,000.00 | \$0.00 |
| As of the date you file, the claim is: Check all that apply. Contingent | Creditor's Name | | | | |
| P.O. BoX 619096 Dallas, TX 75261-9741 Number, Street, City, State & Zip Code | | As of the date you file, the claim is: Check all that | | | |
| Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Dudgment lien from a lawsuit Other (including a right to offset) Mortgage | | apply. | | | |
| Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Judgment lien from a lawsuit Other (including a right to offset) Debtor 1 sand Debtor 2 only Judgment lien from a lawsuit Other (including a right to offset) Mortgage | | | | | |
| Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number VI.S. Bank N.A., as Trustee Creditor's Name C/O Nationstar Mortgage LLC P.O. Box 61906 Dallas, TX 75261-9741 Dullaus, TX 75261-9741 Dullquidated Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 | Number, Street, Sity, State & Zip Code | ` | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only Date debt was incurred Last 4 digits of account number Last 4 digits of account number Describe the property that secures the claim: Creditor's Name C/O Nationstar Mortgage LLC P.O. Box 619096 Dallas, TX 75261-9741 Number, Street, City, State & Zip Code Who owes the debt? Check one. Describe the property that secures the claim: So.00 \$265,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Describe the property that secures the claim: So.00 \$265,000.00 \$0.00 \$0.0 | Who owes the debt? Check one. | • | | | |
| Debtor 2 only | ■ Debtor 1 only | ☐ An agreement you made (such as mortgage or | secured | | |
| Debtor 1 and Debtor 2 only | _ ′ | car loan) | | | |
| Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Describe the property that secures the claim: \$0.00 \$265,000.00 \$0.00 \$0.00 \$265,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Creditor's Name C/O Nationstar Mortgage LLC P.O. Box 619096 Dallas, TX 75261-9741 Number, Street, City, State & Zip Code Describe the property that secures the claim: Contingent Columbia County Countingent Contingent | <u> </u> | ☐ Statutory lien (such as tax lien, mechanic's lien |) | | |
| Date debt was incurred Last 4 digits of account number Describe the property that secures the claim: \$0.00 \$265,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 | \square At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| 2.4 U.S. Bank N.A., as Trustee Creditor's Name C/O Nationstar Mortgage LLC P.O. Box 619096 Dallas, TX 75261-9741 Number, Street, City, State & Zip Code Who owes the debt? Check one. Describe the property that secures the claim: 5137 Astor Place, SE Washington, DC 20019 Dist. of Columbia County As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) At least one of the debtors and another Check if this claim relates to a community debt Describe the property that secures the claim: \$0.00 \$265,000.00 \$0.00 | | Other (including a right to offset) | e | | |
| Creditor's Name | Date debt was incurred | Last 4 digits of account number | | | |
| Creditor's Name | IIS Bank N A as | | | | |
| c/o Nationstar Mortgage LLC P.O. Box 619096 Dallas, TX 75261-9741 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only As of the date you file, the claim is: Check all that apply. Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Mortgage | | Describe the property that secures the claim: | \$0.00 | \$265,000.00 | \$0.00 |
| LLC P.O. Box 619096 Dallas, TX 75261-9741 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Mortgage | Creditor's Name | | | | |
| P.O. Box 619096 Dallas, TX 75261-9741 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Other (including a right to offset) Mortgage | | DC 20019 Dist. of Columbia County | | | |
| Dallas, TX 75261-9741 Number, Street, City, State & Zip Code Unliquidated Disputed Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Contingent Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Mortgage | | | | | |
| Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Unliquidated Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Mortgage | | <u></u> · | | | |
| Who owes the debt? Check one. Disputed Nature of lien. Check all that apply. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Mortgage | | <u> </u> | | | |
| Who owes the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt ■ Nature of lien. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit ■ Other (including a right to offset) ■ Mortgage | | _ | | | |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Check if this claim relates to a | Who owes the debt? Check one. | • | | | |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Check if this claim relates to a | Debtor 1 only | | secured | | |
| ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt ☐ Other (including a right to offset) ☐ Other (including a right to offset) | ☐ Debtor 2 only | car loan) | | | |
| ☐ Check if this claim relates to a community debt ☐ Other (including a right to offset) ☐ Mortgage | ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien |) | | |
| community debt | _ | | | | |
| Date debt was incurred Last 4 digits of account number 7364 | | Other (including a right to offset) Mortgag | e | | |
| | Date debt was incurred | Last 4 digits of account number 736 | 4 | | |

\$283,181.68

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| Debto | r 1 Kristal C. Owens | | | Case number (if known) | 22-22566 | |
|------------------|--|---|-------------------------------------|---------------------------------------|--|--|
| | First Name | Middle Name | Last Name | | | |
| Add | the dollar value of vo | our entries in Column A on t | this page. Write that number he | ere: | | |
| If thi | • | your form, add the dollar va | . • | \$283,181.68 | | |
| Part 2 | List Others to E | Be Notified for a Debt Th | at You Already Listed | | | |
| trying than o | to collect from you fo ne creditor for any of | or a debt you owe to someo | one else, list the creditor in Part | t 1, and then list the collection age | or example, if a collection agency is ency here. Similarly, if you have more tional persons to be notified for any | |
| [] | Danielle M. DiL | , · | | On which line in Part 1 did you ent | er the creditor? _2.1_ | |
| | KML Law Grou 701 Market Stro Philadelphia, P | eet, Suite 5000 | | Last 4 digits of account number | - | |
| [] | Name, Number, Stre | eet, City, State & Zip Code | | On which line in Part 1 did you ent | er the creditor? 2.1 | |
| | Mellon Indeper 701 Market Stro Philadelphia, P | | 5000 | Last 4 digits of account number | - | |
| [] | | | | | | |
| | Name, Number, Stre Rebecca A. So | eet, City, State & Zip Code larz, Esquire | | On which line in Part 1 did you ent | er the creditor? 2.1 | |
| | KML Law Grou 701 Market Stro Philadelphia, P | | | Last 4 digits of account number | - | |

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| | | | Document | Page 17 of | 58 | | |
|-------------|---|--|--|--|--------------------------|-----------------------|--------------------|
| Fill | in this inform | ation to identify your case | : | | | | |
| Del | otor 1 | Kristal C. Owens | | | | | |
| | | First Name | Middle Name | Last Name | | | |
| | otor 2 | First Name | Middle Nesse | Loot Name | | | |
| (Spc | ouse if, filing) | First Name | Middle Name | Last Name | | | |
| Uni | ted States Ban | kruptcy Court for the: Wi | ESTERN DISTRICT OF PE | NNSYLVANIA | | | |
| Cas | se number 2 | 2-22566 | | | | | |
| (if kr | nown) | | | | | ☐ Check | if this is an |
| | | | | | | ameno | ded filing |
| ⊃ff | ficial Form | 106F/F | | | | | |
| | | /F: Creditors Who | Have Unsecured | l Claims | | | 12/15 |
| | | accurate as possible. Use Par | | | for creditors with NON | IPPIOPITY claims I | |
| eft. nam | Attach the Cont e and case num | rs Who Have Claims Secured inuation Page to this page. If y ber (if known). of Your PRIORITY Unsecu | you have no information to re | , , , | • | | |
| | | rs have priority unsecured cla | | | | | |
| | ☐ No. Go to Pa | | g , | | | | |
| | Yes. | | | | | | |
| 2. | identify what typ possible, list the | priority unsecured claims. If a e of claim it is. If a claim has bot claims in alphabetical order acc nan one creditor holds a particul | th priority and nonpriority amour cording to the creditor's name. If | nts, list that claim here f you have more than | and show both priority a | and nonpriority amoun | its. As much as |
| | (For an explanate | tion of each type of claim, see th | e instructions for this form in the | e instruction booklet.) | Total claim | Priority amount | Nonpriority amount |
| 2.1 | Allegher | ny County | Last 4 digits of accou | unt number | Unknown | | |
| | Priority Cre | ditor's Name | | | | | |
| | | Гах Services, Inc. Treasurer, John K. | When was the debt in | ncurred? | | _ | |
| | Weinste | | | | | | |
| | | nt Street, Room 108 | | | | | |
| | | gh, PA 15219 reet City State Zip Code | As of the date you file | e the claim is: Checl | k all that apply | | |
| | | the debt? Check one. | ☐ Contingent | o, mo orami io. Onco | t all that apply | | |
| | ■ Debtor 1 or | nly | ☐ Unliquidated | | | | |
| | Debtor 2 or | nly | Disputed | | | | |
| | | nd Debtor 2 only | Type of PRIORITY un | secured claim: | | | |
| | | e of the debtors and another | ☐ Domestic support of | | | | |
| | ☐ Check if th | is claim is for a community d | • • | · · | ne government | | |
| | | ubject to offset? | ☐ Claims for death or | • | • | | |
| | ■ No | | Other. Specify | | • | | |
| | | | | | | | |

Real Estate Tax 6564 Frankstown Ave.

☐ Yes

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Debtor 1 Kristal C. Owens Case number (if known) 22-22566 2.2 **Allegheny County** Last 4 digits of account number Unknown \$0.00 \$0.00 Priority Creditor's Name Jordan Tax Service When was the debt incurred? County Treasurer, John K Weinstein 436 Grant Street, Room 108 Pittsburgh, PA 15219 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only Disputed Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Domestic support obligations ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated No Other. Specify ☐ Yes **Real Estate Tax** 204-214 South Ave. City and School District of \$2.791.62 \$0.00 \$2,791.62 2.3 Last 4 digits of account number 1401 Pittsburgh Priority Creditor's Name Treasurer, Real Estate Taxes When was the debt incurred? P.O. Box 747017 Pittsburgh, PA 15274 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Domestic support obligations At least one of the debtors and another \square Check if this claim is for a community debt Taxes and certain other debts you owe the government Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No ☐ Other. Specify ☐ Yes **Carnegie Library Taxes** 2.4 Commonwealth of Pennsylvania \$559.47 \$559.47 \$0.00 Last 4 digits of account number Priority Creditor's Name **Allegheny County** When was the debt incurred? 2213 Brownsville Road Pittsburgh, PA 15210 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only Disputed Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: At least one of the debtors and another ☐ Domestic support obligations ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No ☐ Other. Specify

☐ Yes

Sta,, Ave., Mt. Oliver/Fine

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Case number (if known) 22-22566

| Depto | Kristal C. Owens | | Case number (if known) | 22-22566 | |
|-------|---|------------------------------------|---------------------------------|-------------|--------|
| 2.5 | Comptroller of Maryland | Last 4 digits of account number | \$6,478.0 | \$6,478.02 | \$0.00 |
| | Priority Creditor's Name Revenue Administrator Division 111 Carroll St. | When was the debt incurred? | 2012 | _ | |
| | Annapolis, MD 21411 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| ١ | Who incurred the debt? Check one. | ☐ Contingent | | | |
| ı | Debtor 1 only | ☐ Unliquidated | | | |
| [| Debtor 2 only | Disputed | | | |
| [| Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | aim: | | |
| [| ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | |
| [| ☐ Check if this claim is for a community debt | Taxes and certain other debts | vou owe the government | | |
| I | s the claim subject to offset? | ☐ Claims for death or personal in | - | | |
| | No | Other. Specify | | | |
| | Yes | | | | |
| 2.6 | District of Columbia Priority Creditor's Name | Last 4 digits of account number | 8406 \$9,600.0 | 9,600.00 | \$0.00 |
| | Office of Adminstrative Hearings 441 Fourth Street, NW Washington, DC 20001 | When was the debt incurred? | | _ | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| ١ | Who incurred the debt? Check one. | ☐ Contingent | | | |
| ı | Debtor 1 only | ☐ Unliquidated | | | |
| [| Debtor 2 only | Disputed | | | |
| [| Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | aim: | | |
| [| At least one of the debtors and another | ☐ Domestic support obligations | | | |
| [| ☐ Check if this claim is for a community debt | Taxes and certain other debts | you owe the government | | |
| _ | s the claim subject to offset? | Claims for death or personal in | jury while you were intoxicated | | |
| | No | Other. Specify | | | |
| L | ☐ Yes | | | | |
| 2.7 | District of Columbia GOVT | Last 4 digits of account number | \$53,725.0 | \$53,725.00 | \$0.00 |
| | Priority Creditor's Name Office of Tax and Revenue 1101 4th Street, Sw Ste. 270 West Washington, DC 20024 | When was the debt incurred? | | _ | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| ١ | Who incurred the debt? Check one. | ☐ Contingent | | | |
| I | Debtor 1 only | ☐ Unliquidated | | | |
| [| Debtor 2 only | Disputed | | | |
| [| Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | aim: | | |
| [| \square At least one of the debtors and another | ☐ Domestic support obligations | | | |
| [| \square Check if this claim is for a community debt | ■ Taxes and certain other debts | you owe the government | | |
| _ | s the claim subject to offset? | Claims for death or personal in | jury while you were intoxicated | | |
| | ■ No □ Yes | Other. Specify | | | |

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Debtor 1 Kristal C. Owens Case number (if known) 22-22566 2.8 **Internal Revenue Service** Last 4 digits of account number Unknown \$0.00 \$0.00 Priority Creditor's Name **Centralized Insolvency Operation** When was the debt incurred? 2970 Market St. Philadelphia, PA 19104 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only Disputed ☐ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Domestic support obligations ☐ Check if this claim is for a community debt ■ Taxes and certain other debts you owe the government Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No Other. Specify ☐ Yes Pittsburgh Water and Sewer \$970.82 \$970.82 \$0.00 Last 4 digits of account number 4051 2.9 Authority Priority Creditor's Name Penn Liberty Plaza 1 When was the debt incurred? 2021-2022 1200 Penn Avenue Pittsburgh, PA 15222 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Domestic support obligations ☐ At least one of the debtors and another ■ Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt $\hfill\square$ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No ☐ Other. Specify Utility services for 6564 Frankstown Ave ☐ Yes 2.1 \$3,421.00 \$3,421.00 \$0.00 **Prince George's County Maryland** 0 Last 4 digits of account number Priority Creditor's Name 14741 Governor Oden Bowie When was the debt incurred? Drive Upper Marlboro, MD 20772 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: ☐ Debtor 1 and Debtor 2 only ☐ Domestic support obligations ☐ At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No Other. Specify

☐ Yes

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Debtor 1 Kristal C. Owens Case number (if known) 22-22566 2.1 State of Vermont, Dept. of Taxes \$1,614.14 \$1,614.14 \$0.00 Last 4 digits of account number 6390 Priority Creditor's Name PO Box 429 133 State Street When was the debt incurred? Montpelier, VT 05601-0429 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only Disputed Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No Other. Specify ☐ Yes Income Tax 2.1 2 \$422.53 \$422.53 **US Dept. of Treasury** \$0.00 Last 4 digits of account number Priority Creditor's Name **Bureau of the Fiscal Service** When was the debt incurred? P.O. Box 830794 Birmingham, AL 35283 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Domestic support obligations \square At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No ☐ Other. Specify ☐ Yes 2.1 3 Wilkinsburg Borough Last 4 digits of account number P251 Unknown \$0.00 \$0.00 Priority Creditor's Name c/o Maiello Brungo Maiello LLP When was the debt incurred? 100 Purity Road, Suite 3 Pittsburgh, PA 15235 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Domestic support obligations ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No Other. Specify ☐ Yes Real Estate tax

6564 Frankstown Ave.

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Debtor 1 Kristal C. Owens Case number (if known) 22-22566 2.1 Wilkinsburg School District Unknown \$0.00 \$0.00 Last 4 digits of account number P251 4 Priority Creditor's Name c/o Maiello Brungo & Maiello LLP When was the debt incurred? 100 Purity Road, Suite 3 Pittsburgh, PA 15235 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only Disputed ☐ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Domestic support obligations ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No ☐ Other. Specify ☐ Yes RE for 6564 Frankstown Ave Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? \square No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of **Total claim** 4.1 **Aaron's Rentals** \$1,850.00 Last 4 digits of account number 9149 Nonpriority Creditor's Name 3543 Laurel Fort Meade Rd. When was the debt incurred? 2012 Laurel, MD 20724 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes

Other. Specify

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Debtor 1 Kristal C. Owens Case number (if known) 22-22566 4.2 **Account Control Technologies** Last 4 digits of account number 1599 \$3,989.00 Nonpriority Creditor's Name P.O. Box 9025 When was the debt incurred? Renton, WA 98057 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify student loan; Cappella 4.3 \$130.14 **ADT Security Services** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Box 371878 Pittsburgh, PA 15250 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.4 **American Home Shield** Last 4 digits of account number 0782 \$557.50 Nonpriority Creditor's Name P.O. Box 283 When was the debt incurred? May 24, 2013 Memphis, TN 38101 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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Debtor 1 Kristal C. Owens Case number (if known) 22-22566 **XXXXXXXXX** \$201.96 **ASF International** 4.5 Last 4 digits of account number Less Nonpriority Creditor's Name 640 Plaza Dr. #300 When was the debt incurred? October 2011 Highlands Ranch, CO 80129 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: lacksquare At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.6 **Barclays Bank Delaware** Last 4 digits of account number 4113 \$1,950.00 Nonpriority Creditor's Name P.O. Box 8801 When was the debt incurred? September 2012 Wilmington, DE 19801 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Cards ☐ Yes 4.7 **Capitol Management** \$34,000.00 Last 4 digits of account number Nonpriority Creditor's Name 5454 Wisconsin Ave., Suie 1265 When was the debt incurred? Chevy Chase, MD 20815 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacktriangledown Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Other. Specify Center landover Building

Back rent for office at Empowerment

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Debtor 1 Kristal C Owens Case number (if known) 22-22566

| Debt | or 1 Kristal C. Owens | Case number (if known) 22-22566 | |
|------|--|---|------------|
| 4.8 | Cash Yes | Last 4 digits of account number | \$1,850.00 |
| | Nonpriority Creditor's Name P.O. Box 1469 Belize City, CA | When was the debt incurred? October 2013 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Personal Loan | |
| 4.9 | DC Water and Sewer Authority | Last 4 digits of account number | \$1,526.94 |
| | Nonpriority Creditor's Name Customer Service Department P.O. Box 97200 | When was the debt incurred? | |
| | Washington, DC 20090 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Astor Place, SE, Washington DC 20019 | |
| 4.1 | DCRA | Last 4 digits of account number 3828 | \$7,200.00 |
| | Nonpriority Creditor's Name Central Collection Unit P.O. Box 96934 | When was the debt incurred? | |
| | Washington, DC 20090 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | □ vas | Other Consider | |

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Document Page 26 of 58 Debtor 1 Kristal C. Owens Case number (if known) 22-22566 4.1 Dr. Christos Korgan \$3,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 **Empowering Center at** \$4,500.00 Last 4 digits of account number Nonpriority Creditor's Name Marshall Heights Community When was the debt incurred? Deveopment Organization, Inc. Headquarters 3939 Benning Road NE Washington, DC 20019 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Back rent 4.1 Farmer's Insurance \$150.00 Last 4 digits of account number Nonpriority Creditor's Name 6301 Owensmouth Avenue When was the debt incurred? Woodland Hills, CA 91367 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

Is the claim subject to offset?

report as priority claims

 \square Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Empowerment Center

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Debtor 1 Kristal C. Owens Case number (if known) 22-22566 4.1 First Premier Bank \$150.00 Last 4 digits of account number 4 Nonpriority Creditor's Name P.O. Box 5519 When was the debt incurred? Sioux Falls, SD 57117 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 Fortiva Cardholder Services 4436 \$2,568.36 Last 4 digits of account number 5 Nonpriority Creditor's Name P.O. Box 105555 When was the debt incurred? Atlanta, GA 30348-5341 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.1 Gold 'n Diamonds \$2,200,00 Last 4 digits of account number 6 Nonpriority Creditor's Name 6100 Greenbelt Rd. When was the debt incurred? Greenbelt, MD 20770 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: $\hfill \square$ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Nerver received merhandise

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Debtor 1 Kristal C. Owens Case number (if known) 22-22566 Great Lakes Educational Loan 4.1 6581 \$15,763.68 Last 4 digits of account number 7 Services Nonpriority Creditor's Name P.O. Box 7860 When was the debt incurred? Madison, WI 53707-7860 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other, Specify student loan 4.1 **Kenneth Dupre** \$1,880.00 Last 4 digits of account number 8 Nonpriority Creditor's Name **PKD Family Foundation** When was the debt incurred? 2013 P.O. Box 776 Ligonier, PA 15658 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify personal loan ☐ Yes 4.1 Metro Business Systems, LLC \$7,000.00 Last 4 digits of account number 9 Nonpriority Creditor's Name Attn: Jerry Allen, Owner When was the debt incurred? 2950 Kaverton Rd. District Heights, MD 20747 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Printer company ☐ Yes

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Debtor 1 Kristal C. Owens Case number (if known) 22-22566 4.2 Miranda Shephard \$4,000.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 11101 Indian Head HWY Unit E When was the debt incurred? Fort Washington, MD 20744 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.2 Moore's Trash \$690.00 Last 4 digits of account number Nonpriority Creditor's Name 14210 Cold Harbour Dr. When was the debt incurred? October 2011 Accokeek, MD 20607 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Other 4.2 Pepco 4016 \$114.88 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 13608 When was the debt incurred? 2015 Philadelphia, PA 19101 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Utility services

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Debtor 1 Kristal C. Owens Case number (if known) 22-22566 4.2 **Pioneer Credit Recovery** 0942 \$0.00 Last 4 digits of account number 3 Nonpriority Creditor's Name P.O. Box 189 When was the debt incurred? Arcade, NY 14009 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Dept. of Justice ☐ Yes 4.2 **PNC Bank** \$150.00 Last 4 digits of account number Nonpriority Creditor's Name 10450 Baltimore Ave. When was the debt incurred? March 2012 Beltsville, MD 20705 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Other 4.2 **PNC Bank** \$677.59 Last 4 digits of account number 5 Nonpriority Creditor's Name P.O. Box 3180 When was the debt incurred? Pittsburgh, PA 15230 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes

Other. Specify

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Debtor 1 Kristal C. Owens Case number (if known) 22-22566 4.2 **Prevent First** \$450.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 3710 Riviera Street, Apt. 1A When was the debt incurred? Temple Hills, MD 20748 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.2 **Receivables Management Systems** \$907.48 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 73810 When was the debt incurred? Richmond, VA 23235 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Patient first/medical ☐ Yes 4.2 Regional Acceptance Corporation 8844 \$10.551.90 Last 4 digits of account number 8 Nonpriority Creditor's Name P.O. Box 1847 When was the debt incurred? March 2012 Wilson, NC 27894 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Repossession-deficiency

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Debtor 1 Kristal C. Owens Case number (if known) 22-22566 4.2 Regus \$750.00 Last 4 digits of account number 9 Nonpriority Creditor's Name P.O. Box 842456 When was the debt incurred? July 1, 2013 Dallas, TX 75284 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Other 4.3 Sandy Sping Bank 3806 \$13,630.47 Last 4 digits of account number 0 Nonpriority Creditor's Name 14404 Baltimore Ave. When was the debt incurred? September 2012 **Laurel, MD 20707** As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Other/Empowerment Center ☐ Yes 4.3 Tate & Kirklin Associates 2192 \$7.578.80 Last 4 digits of account number Nonpriority Creditor's Name 2810 Southampton Road When was the debt incurred? 2015 Philadelphia, PA 19154 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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Debtor 1 Kristal C. Owens Case number (if known) 22-22566 4.3 The VIP Loan Shop \$800.00 Last 4 digits of account number 2 Nonpriority Creditor's Name P.O. Box 636 When was the debt incurred? September 2013 Charlestown Nevis, W. Indies Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only □ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Personal Loan ☐ Yes 4.3 **Time Payment Corp** \$3,517.11 Last 4 digits of account number 3 Nonpriority Creditor's Name 1600 District Avenue, Suite 200 When was the debt incurred? **Burlington, MA 01803** Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Empowerment Center ☐ Yes 4.3 Wampler & Souder, LLC \$85.00 Last 4 digits of account number Nonpriority Creditor's Name 12114B Heritage Park Circle When was the debt incurred? Silver Spring, MD 20906 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Empowerment Center ☐ Yes

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| Debi | or 1 Kristal C. Owens | Case number (if known) 22-22566 | |
|----------|---|---|------------|
| 1.3 5 | Washington Gas | Last 4 digits of account number | \$1,332.87 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept. 6801 Industrial Road | When was the debt incurred? August 8, 2014 | |
| | Springfield, VA 22151 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify Utility services | |
| 1.3 3 | wssc | Last 4 digits of account number | \$201.09 |
| | Nonpriority Creditor's Name 14501 Sweitzer Lane Laurel, MD 20707 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Water | |
| .3 | Yerodin Avent | Last 4 digits of account number | \$4,000.00 |
| | Nonpriority Creditor's Name 3100 63rd Avenue Cheverly, MD 20785 | When was the debt incurred? 2014 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ΠVes | Other Chesity, personal loan | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| Debtor 1 Kristal C. Owens | Document Page | Case number (if known) 22-22566 |
|---|---|---|
| Name and Address | On which entry in Part 1 or Part 2 die | · · · · · · · · · · · · · · · · · · · |
| Atlantic Law Group | Line 2.7 of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Claims |
| P.O. Box 2548 | <u> </u> | Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Leesburg, VA 20177 | | Falt 2. Creditors with Nonphority offsecured Claims |
| | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 die | |
| Charles Thomas | Line 2.6 of (<i>Check one</i>): | ■ Part 1: Creditors with Priority Unsecured Claims |
| Interim General Counsel Department of Consumer & | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Regulartory Aff | | |
| 1100 4th Street, SW-5th Floor | | |
| Washington, DC 20024 | Last 4 digits of account number | |
| | | |
| Name and Address Comptroller of Maryland | On which entry in Part 1 or Part 2 die | , |
| 301 West Preston Street, Room 409 | Line 2.5 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Baltimore, MD 21201 | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | 9862 |
| Name and Address | On which entry in Part 1 or Part 2 die | d you list the original creditor? |
| Jeff Hunt, Esquire | Line 2.1 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| GRB Law | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| 437 Grant Street, 14th Florr Pittsburgh, PA 15219 | | • • |
| Fittsburgh, FA 13219 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 die | d you list the original creditor? |
| Jeff Hunt, Esquire | Line 2.2 of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Claims |
| GRB Law | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| 437 Grant Street, 14th Floor | | |
| Pittsburgh, PA 15219 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 die | d you list the original creditor? |
| Jeff Hunt, Esquire | Line 2.3 of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Claims |
| GRB Law | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| 437 Grant Street, 14th Floor Pittsburgh, PA 15219 | | • • |
| Fittsburgh, FA 13219 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 die | d you list the original creditor? |
| Jennifer L. Cerce, Esquire | Line 2.13 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Maiello, Brungo & Maiello, LLP | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| South Side Works 424 South 27th Street #210 | | . , |
| Pittsburgh, PA 15203 | | |
| | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 die | d you list the original creditor? |
| Jennifer L. Cerce, Esquire | Line 2.14 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Maiello Brungo Maiello South Side Works | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| 424 South 27th Street #210 | | |
| Pittsburgh, PA 15203 | | |
| | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 die | d you list the original creditor? |
| Meyers, Rodbell & Rosenbaum, PA | Line 2.10 of (<i>Check one</i>): | ■ Part 1: Creditors with Priority Unsecured Claims |
| 6801 Kenilworth Ave, Suite 400 Riverdale, MD 20737 | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Tartordalo, IIID 20101 | Last 4 digits of account number | 5186 |
| Name and Address | On which entry in Part 1 or Part 2 di | d you list the original creditor? |
| Shannon F. Barkley, Esq. | Line 2.9 of (<i>Check one</i>): | ■ Part 1: Creditors with Priority Unsecured Claims |
| Penn Liberty Plaza I | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| 1200 Penn Avenue | | |

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Debtor 1 Kristal C. Owens Case number (if known) 22-22566

Pittsburgh, PA 15222

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim | |
|-----------------------|-----|---|-----|-------------|-------------|
| Total | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 79,582.60 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 79,582.60 |
| | | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ | 19,752.68 |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 120,152.09 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 139,904.77 |

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| Fill in this infor | rmation to identify your | case: | |
|---------------------|--------------------------|--------------------|-----------------|
| Debtor 1 | Kristal C. Owens | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States B | ankruptcy Court for the: | WESTERN DISTRICT C | OF PENNSYLVANIA |
| Case number | 22-22566 | | |
| (if known) | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with Name, Number, | whom you have th Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|-------------------------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| 2.3 | Oity | | Oldic | Zii Oode | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | , | | | | |
| | Name | | | | <u> </u> |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |

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| | | Docume | iii raye so c | JI 30 | |
|--|--|--|---|--|---|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | Kristal C. Owens | | | | |
| 20010 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing | ng) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | WESTERN DISTRICT (| OF PENNSYLVANIA | | |
| Case num | ber 22-22566 | | | | |
| (if known) | <u> </u> | | | | ☐ Check if this is an |
| | | | | | amended filing |
| O.(;; .; | 15 40011 | | | | |
| | I Form 106H | | | | |
| Sched | dule H: Your Cod | ebtors | | | 12/15 |
| Arizon No. Yes 3. In Colin line Form | thin the last 8 years, have you ha, California, Idaho, Louisiana, Go to line 3. S. Did your spouse, former spoulumn 1, list all of your codebte 2 again as a codebtor only in 106D), Schedule E/F (Official | Nevada, New Mexico, Pu use, or legal equivalent live ors. Do not include your f that person is a guaran | e with you at the time? spouse as a codebtooktor or cosigner. Make | ington, and Wisconsin.) r if your spouse is filing sure you have listed th | y states and territories include g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | olumn 2. Column 1: Your codebtor Name, Number, Street, City, State and ZI | P Code | | Column 2: The cre Check all schedule | ditor to whom you owe the debt sthat apply: |
| | | | | Па | |
| 3.1 | Name | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, li ☐ Schedule G, line | |
| _ | | | | — Ochedule G, link | <u> </u> |
| | Number Street City | State | ZIP Code | | |
| | - • | | | | |
| | | | | По | |
| 3.2 | Name | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, li ☐ Schedule G, line | |
| - | | | | — Ochleddie O, IIIIe | <u> </u> |
| | Number Street City | State | ZIP Code | | |
| | - 9 | | 0000 | | |

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| Fill | in this information to identify your | case: | | | | | | | | |
|---------------------------------|--|--|------------------------------|-----------------------------|------------------|-----------------|-----------------------------------|----------------------------|------------------------------|-----------------|
| | btor 1 Kristal C. C | | | | | | | | | |
| | btor 2 buse, if filing) | | | | | | | | | |
| Uni | ited States Bankruptcy Court for th | e: WESTERN DISTRICT | Γ OF PENN | SYLVANIA | | | | | | |
| | se number 22-22566 | | - | | | | | ded filing ment showir | ng postpetition | |
| \bigcirc | fficial Form 1061 | | | | | | 13 incom | e as of the f | following date: | |
| | fficial Form 106I chedule I: Your Inc | | | | | | MM / DD | YYYYY | | 12/15 |
| sup spo atta | as complete and accurate as posphying correct information. If you use. If you are separated and you cha separate sheet to this form The separate sheet to this form | u are married and not filing wi our spouse is not filing wi . On the top of any addition | ng jointly, a ith you, do | and your spo not include | ouse i inforr | s livi natio | ng with you, in n about your s | clude infor pouse. If m | mation about ore space is | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debto | r 2 or non-f | iling spouse | |
| | If you have more than one job, | F | ■ Emplo | ■ Employed | | | ☐ Em | ☐ Employed | | |
| | attach a separate page with information about additional | Employment status* | ☐ Not er | ☐ Not employed | | | ☐ Not | employed | | |
| | employers. | Occupation | Psycho | logist | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Goddar | d College | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | kin Road ld, VT 0566 | 67 | | | | | |
| | | How long employed the | here? | 25 Years *See Attack | hment | for A | Additional Emp | loyment In | formation | |
| Par | Give Details About Mo | onthly Income | | | | | | | | |
| | mate monthly income as of the use unless you are separated. | date you file this form. If y | you have no | othing to repo | ort for a | any li | ne, write \$0 in t | ne space. In | iclude your noi | n-filing |
| | ou or your non-filing spouse have n e space, attach a separate sheet t | | ombine the i | information fo | or all e | mplo | yers for that per | son on the l | lines below. If | you need |
| | | | | | | | For Debtor 1 | | ebtor 2 or ling spouse | |
| 2. | List monthly gross wages, sal deductions). If not paid monthly | | | | 2. | \$_ | 5,166.68 | 3 \$ | N/A | |
| 3. | Estimate and list monthly over | rtime pay. | | | 3. | +\$_ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add | line 2 + line 3. | | | 4. | \$ | 5,166.68 | \$_ | N/A_ | |
| | | | | | | - | | | | |

Official Form 106I Schedule I: Your Income page 1

| Debte | or 1 | Kristal C. Owens | _ | | Cas | e number (if k | nown) | 22-22 | 566 | | | |
|-------|--------------------|--|-----|-----|-----|----------------|-------|-------|----------------|------|------------------|-------|
| | | | | | Fo | r Debtor 1 | | For I | Debtor | 2 or | | |
| | | | | | | 1 DODGOI I | | | filing s | | 9 | |
| | Cop | by line 4 here | 4 | | \$_ | 5,16 | 6.68 | \$ | | N/ | | |
| 5. | List | t all payroll deductions: | | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5 | a. | \$ | 33 | 7.52 | \$ | | N/ | Α | |
| | 5b. | Mandatory contributions for retirement plans | 5 | b. | \$ | | 0.00 | \$ | | N/ | | |
| | 5c. | Voluntary contributions for retirement plans | 5 | c. | \$ | | 0.00 | \$ | | N/ | | |
| | 5d. | Required repayments of retirement fund loans | 5 | d. | \$ | | 0.00 | \$ | | N/ | Α | |
| | 5e. | Insurance | 5 | e. | \$ | 75 | 4.17 | \$ | | N/ | Α | |
| | 5f. | Domestic support obligations | 5 | f. | \$ | | 0.00 | \$ | | N/ | A | |
| | 5g. | Union dues | 5 | g. | \$ | 10 | 3.35 | \$ | | N/ | Α | |
| | 5h. | Other deductions. Specify: | _ 5 | h.+ | \$_ | (| 0.00 | + \$ | | N/ | <u>A</u> | |
| 6. | Add | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6 | | \$_ | 1,19 | 5.04 | \$ | | N/ | <u>A</u> _ | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7 | | \$_ | 3,97 | 1.64 | \$ | | N/ | <u>A</u> | |
| 8. | List 8a. | t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | | | |
| | | monthly net income. | 8 | a. | \$ | 3,000 | 0.00 | \$ | | N/ | Α | |
| | 8b. | Interest and dividends | 8 | b. | \$_ | | 0.00 | \$ | | N/ | Α | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | | | | | | | | | |
| | | settlement, and property settlement. | 8 | C. | \$ | | 0.00 | \$ | | N/ | Α | |
| | 8d. | Unemployment compensation | 8 | d. | \$ | | 0.00 | \$ | | N/ | Α | |
| | 8e. | Social Security | 8 | e. | \$_ | | 0.00 | \$ | | N/ | A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | f. | \$ | (| 0.00 | \$ | | N/ | A | |
| | 8g. | Pension or retirement income | _ 8 | g. | \$ | | 0.00 | \$ | | N/ | Α | |
| | 8h. | Other monthly income. Specify: PCC Stride Inc. Job | 8 | h.+ | \$ | 5,569 | 9.98 | + \$ | | N/ | Α | |
| | | Rent from Nephew | | | \$_ | 50 | 0.00 | \$ | | N/ | Α | |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9 | . | \$_ | 9,069 | 9.98 | \$ | | N | I/A | |
| 10. | | culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ | | 13,041.62 | + \$_ | | N/A | = \$ | 13,0 | 41.62 |
| | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify: | dep | | | | | | chedule 11. | | | 0.00 |
| | | d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certainlies | | | | | | | 12. | \$ | 13,0 | 41.62 |
| 13. | Do ; | you expect an increase or decrease within the year after you file this form No. | ? | | | | | | ' | Comi | oined hly inc | ome |
| | | Yes Explain: Debtor will lose rental income once properties as | | ماء | 4 | | | | | | | |

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| Debtor 1 | Kristal C. Owens | Case number (if known) 22-22566 |
|----------|------------------|---------------------------------|
|----------|------------------|---------------------------------|

Official Form B 6I Attachment for Additional Employment Information

| Debtor | | |
|---------------------|----------------------|--|
| Occupation | | |
| Name of Employer | PCC Stride Inc. | |
| How long employed | 17 years | |
| Address of Employer | 7329 Hanover Parkway | |
| . , | Greenbelt, MD 20770 | |

Official Form 106l Schedule I: Your Income page 3

| Fill | in this informa | ition to identify yo | our case: | | | | | | |
|-------------------|--|---|-------------------------------------|--|---|----------------------------------|----------------------------|----------------------|--|
| Deb | otor 1 | Kristal C. Ov | | | | Che | eck if this is: An amend | Ū | ving postpetition chapter |
| | ouse, if filing) | | | | | | | | the following date: |
| Unit | ed States Bankı | ruptcy Court for the | : WESTE | ERN DISTRICT OF PENN | SYLVANIA | | MM / DD / | YYYY | |
| 1 | e number 22 nown) | 2-22566 | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | |
| S | chedule | J: Your | Exper | ises | | | | | 12/1 |
| Be info nur | as complete a prince of the complete of the co | and accurate as lore space is ne n). Answer evel | possible eded, atta y questio | . If two married people a ch another sheet to this | | | | | |
| Par 1. | t 1: Descr Is this a joir | ribe Your House nt case? | hold | | | | | | |
| | ■ No. Go to | | in a senar | ate household? | | | | | |
| | □и | 0 | • | al Form 106J-2, <i>Expense</i> . | s for Separate House | ehold of De | ebtor 2. | | |
| 2. | Do you have | e dependents? | □ No | | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependage | dent's | Does dependent live with you? |
| | Do not state dependents | | | | Nephew | | 22 | | □ No ■ Yes |
| | | | | | Nephew | | 25 | | □ No ■ Yes |
| | | | | | | | | | □ No □ Yes |
| | | | | | | | | | □ No |
| 3. | Do your ove | penses include | _ | | | | | | ☐ Yes |
| З. | expenses o | f people other to d your depende | han 👝 | No Yes | | | | | |
| Est | imate your ex | ate Your Ongoi openses as of you a date after the l | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a sup | you are using this f plemental <i>Schedule</i> | orm as a s e <i>J</i> , check | supplement the box at t | in a Cha he top o | pter 13 case to report f the form and fill in the |
| the | | h assistance an | | government assistance cluded it on <i>Schedule I:</i> | | | Y | our expe | enses |
| 4. | | or home owners | | ses for your residence. | Include first mortgag | e 4. | \$ | | 2,800.00 |
| | . , | led in line 4: | 3 | | | | | | |
| | | | | | | 4 - | c | | 000.55 |
| | | estate taxes erty, homeowner's | or rentor | 'e ingurance | | 4a. 4b. | · | | 300.00 99.95 |
| | | • | | s insurance upkeep expenses | | 40. 4c. | : | | 0.00 |
| | | owner's associat | | | | 4d. | : | | 100.00 |
| 5. | Additional r | mortgage paymo | ents for yo | our residence, such as ho | ome equity loans | 5. | \$ | | 0.00 |

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| Debtor 1 | Kristal C. Owens | Case num | ber (if known) | 22-22566 |
|------------------|--|--------------|----------------|-------------------------------|
| 6. Utilit | ies: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 250.00 |
| 6b. | Water, sewer, garbage collection | 6b. | \$ | 58.33 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 425.00 |
| 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| Food | l and housekeeping supplies | | \$ | 400.00 |
| Child | Icare and children's education costs | 8. | \$ | 0.00 |
| Cloti | ning, laundry, and dry cleaning | 9. | \$ | 50.00 |
| Pers | onal care products and services | 10. | \$ | 25.00 |
| | cal and dental expenses | 11. | \$ | 125.00 |
| Tran | sportation. Include gas, maintenance, bus or train fare. | | | |
| | ot include car payments. | 12. | \$ | 175.00 |
| Ente | rtainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 175.00 |
| Char | itable contributions and religious donations | 14. | \$ | 200.00 |
| Insu | | | | |
| | ot include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | Life insurance | 15a. | | 300.00 |
| 15b. | Health insurance | 15b. | · | 0.00 |
| 15c. | Vehicle insurance | 15c. | \$ | 375.00 |
| 15d. | Other insurance. Specify: | 15d. | \$ | 0.00 |
| | s. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| Spec | · | 16. | \$ | 0.00 |
| | Ilment or lease payments: | | _ | |
| | Car payments for Vehicle 1 | 17a. | * | 525.00 |
| | Car payments for Vehicle 2 | 17b. | | 1,025.00 |
| | Other. Specify: | 17c. | · | 0.00 |
| | Other. Specify: | 17d. | \$ | 0.00 |
| | payments of alimony, maintenance, and support that you did not report as | 18. | c | 0.00 |
| | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 10. | \$ | |
| | r payments you make to support others who do not live with you. | 10 | a | 0.00 |
| Spec | | 19. | Incomo | |
| | r real property expenses not included in lines 4 or 5 of this form or on Sche Mortgages on other property | 20a. | | 0.00 |
| | Real estate taxes | 20a. 20b. | | |
| | | 20b. 20c. | · | 0.00 |
| | Property, homeowner's, or renter's insurance | | | 1,062.16 |
| | Maintenance, repair, and upkeep expenses | 20d. 20e. | · | 0.00 |
| | Homeowner's association or condominium dues | | * | 0.00 |
| Othe | r: Specify: Insurance on Frankstown Ave. home | 21. | +\$ | 400.00 |
| Calc | ulate your monthly expenses | | | |
| | Add lines 4 through 21. | | \$ | 8,870.44 |
| | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 8,870.44 |
| 220. | Tada into EEG dita EED. The result to your monthly expenses. | | | 0,070.44 |
| | ulate your monthly net income. | | | |
| 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 13,041.62 |
| 23b. | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 8,870.44 |
| | | | | |
| 23c. | Subtract your monthly expenses from your monthly income. | 00.5 | œ. | 4,171.18 |
| | The result is your monthly net income. | 23c. | \$ | 4,171.10 |
| For ex | ou expect an increase or decrease in your expenses within the year after you cample, do you expect to finish paying for your car loan within the year or do you expect you cation to the terms of your mortgage? | | | ease or decrease because of a |
| | | | | |
| □ Y | es. Explain here: | | | |

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| Fill in this inform | nation to identify your | case: | | | |
|---------------------------------|---|----------------------------|------------------------|---------------------------|--|
| Debtor 1 | Kristal C. Owens | | | | |
| | First Name | Middle Name | Last Name | - | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bar | nkruptcy Court for the: | WESTERN DISTRICT O | F PENNSYLVANIA | | |
| | 22-22566 | | | | |
| (if known) | | | | | Check if this is an amended filing |
| Official Form Declarati | | ın Individual | Debtor's S | Schedules | 12/15 |
| f two married pe | ople are filing togethe | r, both are equally respor | sible for supplying o | correct information. | |
| obtaining money | | n connection with a bank | | | tement, concealing property, or 00, or imprisonment for up to 20 |
| Sign | Below | | | | |
| Did you pay | or agree to pay some | one who is NOT an attorr | ney to help you fill o | ut bankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. N | ame of person | | | | nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119) |
| | ty of perjury, I declare true and correct. | that I have read the sumn | mary and schedules | filed with this declarati | ion and |
| X /s/ Krist | tal C. Owens | | X | | |
| Kristal | C. Owens e of Debtor 1 | | Signature | e of Debtor 2 | |

Date **January 18, 2023**

Date

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| Fill in this infor | mation to identify you | r case: | | | |
|---------------------|--|---|-------------------------------|-------------------------------------|-------------------------------|
| Debtor 1 | Kristal C. Owen: | Middle Name | Last Name | | |
| Debtor 2 | ristrano | Widdle Name | Edot Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT OF | PENNSYLVANIA | | |
| Case number | 22-22566 | | | | |
| (if known) | | | | _ | Check if this is an |
| | | | | | amended filing |
| 00000 | 407 | | | | |
| Official Fo | | A (() () | | | |
| Statement | t of Financial | Affairs for Individ | duals Filing for B | ankruptcy | 04/22 |
| | | ible. If two married people a , attach a separate sheet to | | | |
| | n). Answer every que | | | y additional pages, write yo | ar name and case |
| Part 1: Give | Details About Your Ma | arital Status and Where You | Lived Before | | |
| 1. What is you | ur current marital statu | ıs? | | | |
| _ | | | | | |
| ☐ Married ■ Not ma | | | | | |
| — Not ma | ameu | | | | |
| 2. During the | last 3 years, have you | lived anywhere other than | where you live now? | | |
| □ No | | | | | |
| Yes. Li | st all of the places you | lived in the last 3 years. Do no | ot include where you live now | <i>1</i> . | |
| Debtor 1: | | Dates Debtor 1 | Debtor 2 Prior Ac | dress: | Dates Debtor 2 |
| 4402 Sall | man Bood | lived there From-To: | | | lived there |
| | man Road , MD 20705 | 2000-2022 | ☐ Same as Debtor | | ☐ Same as Debtor 1 From-To: |
| | • | | | | |
| 3. Within the I | last 8 vears, did vou e | ver live with a spouse or leg | ual equivalent in a commun | ity property state or territor | v? (Community property |
| | | alifornia, Idaho, Louisiana, Ne | | | |
| ■ No | | | | | |
| ☐ Yes. M | lake sure you fill out Sc | hedule H: Your Codebtors (Of | fficial Form 106H). | | |
| Part 2 Expla | ain the Sources of You | ır İncome | | | |
| Expid | an the oddroes of roc | | | | |
| | | mployment or from operating traceived from all jobs and a | | | ndar years? |
| | | have income that you receive | | | |
| □ No | | | | | |
| Yes. Fi | ill in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income | Gross income | Sources of income | Gross income |
| | | Check all that apply. | (before deductions and | Check all that apply. | (before deductions |
| | | _ | exclusions) | _ | and exclusions) |
| | I of current year until ed for bankruptcy: | ☐ Wages, commissions, bonuses, tips | \$135,000.00 | ☐ Wages, commissions, bonuses, tips | |
| • | . , | _ | | ☐ Operating a business | |
| | | Operating a business | | | |

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Debtor 1 Kristal C. Owens Case number (if known) 22-22566 Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$119,773.00 ☐ Wages, commissions, □ Wages, commissions, (January 1 to December 31, 2021) bonuses, tips bonuses, tips Operating a business ☐ Operating a business For the calendar year before that: \$115,248.00 ☐ Wages, commissions, ■ Wages, commissions, (January 1 to December 31, 2020) bonuses, tips bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** (before deductions Describe below. each source Describe below. (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more? □ No. Go to line 7. Yes List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
|---|---|-------------------|----------------------|---|
| Lexus Financial Services P.O. Box 4102 Carol Stream, IL 60197 | 4th of each month Car titled in relatives name. Debtor drives a 202 RX 450 Hybrid | \$1,000.00 | \$0.00 | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other |

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Debtor 1 Kristal C. Owens Case number (if known) 22-22566

| 7. | Within 1 year before you filed for bankruptous Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. ■ No □ Yes. List all payments to an insider. | ortners; relatives of any ger control, or owner of 20% of | eral partners; partner or more of their voting | erships of whic g securities; ar | h you are a gener nd any managing a | al partner; corporations agent, including one for |
|-----|---|--|---|-------------------------------------|--|--|
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount yo | | this payment |
| 8. | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos No | | | iny property c | on account of a d | lebt that benefited an |
| | Yes. List all payments to an insider Insider's Name and Address | Dates of payment | Total amount | Amount yo | | this payment |
| Par | rt 4: Identify Legal Actions, Repossession | as and Foreclosures | paid | still ow | /e Include cred | ditor's name |
| 9. | Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | cy, were you a party in ar | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | ne case |
| | Bayview Loan Servicing LLC vs. Kristal Owens GD-19-006054 | Mortgage Foreclosure | Court of Comm Allegheny Cou 414 Grant Stree Pittsburgh, PA | nty et | ■ Pending □ On appo □ Conclud | eal |
| | Pittsburgh Water & Sewer Authority v. Owens GD-22-004051 | Municipal Lien | Court of Comm Allegheny Cou 414 Grant Stree Pittsburgh, PA | nty et | ☐ Pending☐ On appo☐ Conclud | eal ded |
| | Allegheny County v. Kristal Owens DTD-21-012368 | Tax Lien (Satisfied) | Court of Comm Allegheny Cou 414 Grant Stree Pittsburgh, PA | nty et | ☐ Pending ☐ On appo ☐ Conclud | eal |
| | | | | | Tax Lien (| (Satisfied) |
| 10. | Within 1 year before you filed for bankrupte Check all that apply and fill in the details below | | erty repossessed, f | oreclosed, ga | rnished, attache | d, seized, or levied? |
| | No. Go to line 11. | | | | | |
| | Yes. Fill in the information below. Creditor Name and Address | Describe the Property | | D | ate | Value of the |
| | | Explain what happened | i | | | property |

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Debtor 1 Kristal C. Owens Case number (if known) 22-22566

| | Creditor Name and Address | Describe the Property | Date | Value of the property |
|-----|--|--|-------------------------|-----------------------|
| | | Explain what happened | | p p , |
| | US Bank National Association, as Trustee | 5137 Astor Place, SE Washington, DC 20019 | March 2019 | \$490,000.00 |
| | c/o Nationstar Mortgage LLC/Mr. Cooper | ☐ Property was repossessed. | | |
| | ATTN: Bankruptcy Dept. | | | |
| | PO Box 619096 | ■ Property was foreclosed. □ Property was garnished. | | |
| | Dallas, TX 75261-9741 | _ ` ` ` ` | | |
| | | ☐ Property was attached, seized or levied. | | |
| | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca No Yes. Fill in the details. | tcy, did any creditor, including a bank or financial ir ause you owed a debt? | nstitution, set off any | amounts from your |
| | Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amount |
| | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or an ■ No □ Yes | ey, was any of your property in the possession of an nother official? | assignee for the ben | efit of creditors, a |
| Par | t 5: List Certain Gifts and Contributions | | | |
| 13. | Within 2 years before you filed for bankrupt ☐ No ☐ Yes. Fill in the details for each gift. | cy, did you give any gifts with a total value of more | than \$600 per person | ? |
| | Gifts with a total value of more than \$600 | Describe the gifts | Dates you gave | Value |
| | per person | December and gains | the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | |
| | Marlyn Owens | Money | Over 2 years | \$7,000.00 |
| | Person's relationship to you: Mother | | | |
| | Harlyn Owens 10901 Rhode Island Avenue, Suite 185 Beltsville, MD 20705 | Money 58 | 2021-2022 | \$7,000.00 |
| | Person's relationship to you: Nephew | | | |
| 14. | Within 2 years before you filed for bankrupt | cy, did you give any gifts or contributions with a to | tal value of more than | \$600 to any charity? |
| | No | | | |
| | $\ \square$ Yes. Fill in the details for each gift or cont | ribution. | | |
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | al Describe what you contributed | Dates you contributed | Value |

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| De | Kristal C. Owens | | Cas | se number (if k | (nown) 22-22566 | | | |
|-----|---|------------------------|--|-----------------|--|------------------------|--|--|
| | | | | | | | | |
| Pai | t 6: List Certain Losses | | | | | | | |
| 15. | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Describe the property you lost and how the loss occurred | Include | be any insurance coverage for the loss the amount that insurance has paid. List ace claims on line 33 of Schedule A/B: Pro | pending | Date of your loss | Value of property lost | | |
| Pa | tt 7: List Certain Payments or Transfe | rs | | <u> </u> | | | | |
| 16. | consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition No | r preparir | ng a bankruptcy petition? | | | rty to anyone you | | |
| | Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | | Description and value of any property transferred | | Date payment or transfer was made | Amount of payment | | |
| | Calaiaro Valencik 938 Penn Avenue 5th Floor, Suite 501 Pittsburgh, PA 15222 | 100 | \$3,270.20 for Prepetition Service: \$1,738.00 for Chapter 11 Filing Fo | | 1/04/23 | \$4,008.20 | | |
| 17. | Within 1 year before you filed for bankr promised to help you deal with your cre Do not include any payment or transfer that | editors o | r to make payments to your creditors? | | ransfer any prope | rty to anyone who | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address | | Description and value of any propert transferred | | Date payment or transfer was made | Amount of payment | | |
| 18. | Within 2 years before you filed for bank transferred in the ordinary course of you find the both outright transfers and transfer include gifts and transfers that you have a No | our busin rs made a | ess or financial affairs? as security (such as the granting of a secu | | | | | |
| | Yes. Fill in the details. | | D | . " | | | | |
| | Person Who Received Transfer Address Person's relationship to you | | property transferred | | y property or ceived or debts ange | Date transfer was made | | |
| 19. | Within 10 years before you filed for ban beneficiary? (These are often called asse | | | -settled trust | or similar device | of which you are a | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of trust | | Description and value of the property | y transferred | | Date Transfer was | | |

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Debtor 1 Kristal C. Owens Case number (if known) 22-22566

| Pa | 18: List of Certain Financial Accounts, I | nstru | ments, Safe Depos | it Boxes, and S | Storage Unit | ts | | |
|-----|--|--------|--|---|--------------|--|---|--|
| 20. | Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, ass | or ot | her financial accou | ınts; certificate | s of deposi | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | | st 4 digits of count number | Type of account or instrument | | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | |
| | Citizens Bank ROP-450 PO Box 7000 Providence, RI 02940 | XX | xx-7987 | ☐ Checking ☐ Savings ☐ Money Market ☐ Brokerage ☐ Other | | 2021 | \$0.00 | |
| | TD Bank, NA P.O. Box 1377 Lewiston, ME 04243-1377 | xx | xx-9088 | ■ Checking □ Savings □ Money Ma □ Brokerage □ Other | | 2021 | \$0.00 | |
| 21. | Do you now have, or did you have within a cash, or other valuables? No Yes. Fill in the details. | l year | before you filed fo | or bankruptcy, a | any safe de | posit box or other deposi | eory for securities, | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | | Who else had ac Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? | |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | | Who else has or to it? Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? | |
| Pai | 19: Identify Property You Hold or Contro | ol for | Someone Else | | | | | |
| 23. | Do you hold or control any property that s for someone. | | | lude any prope | erty you bor | rowed from, are storing fo | or, or hold in trust | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | | Where is the pro (Number, Street, City, Code) | | Describe | the property | Value | |

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Debtor 1 Kristal C. Owens Case number (if known) 22-22566

Part 10: Give Details About Environmental Information

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

| For | the purpose of Part 10, the following definitions | apply: | | | | |
|-----|---|---|--------------------------------------|--------------------|--|--|
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | |
| | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. | | | | | |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s | | waste, hazardous substance, toxic s | substance, | | |
| Rep | ort all notices, releases, and proceedings that yo | ou know about, regardless of when | they occurred. | | | |
| 24. | Has any governmental unit notified you that you | u may be liable or potentially liable | under or in violation of an environm | ental law? | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| 25. | Have you notified any governmental unit of any ■ No □ Yes. Fill in the details. | release of hazardous material? | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| 26. | Have you been a party in any judicial or adminis | strative proceeding under any envir | onmental law? Include settlements | and orders. | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | |
| Pai | t 11: Give Details About Your Business or Con | nections to Any Business | | | | |
| 27. | Within 4 years before you filed for bankruptcy, o ☐ A sole proprietor or self-employed in a t | · | | y business? | | |
| | ☐ A member of a limited liability company | (LLC) or limited liability partnership | o (LLP) | | | |
| | ☐ A partner in a partnership | | | | | |
| | ☐ An officer, director, or managing execut | tive of a corporation | | | | |
| | ☐ An owner of at least 5% of the voting or | equity securities of a corporation | | | | |

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number

Dates business existed

Do not include Social Security number or ITIN.

Business Name

(Number, Street, City, State and ZIP Code)

Address

Debtor 1 Kristal C. Owens

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Case number (if known) 22-22566

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
Yes. Fill in the details below.

Name
Address
(Number, Street, City, State and ZIP Code)

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection

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with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Kristal C. Owens

Kristal C. Owens

Signature of Debtor 2

Signature of Debtor 1

Date

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$78 | administrative fee |
| + \$15 | trustee surcharge |
| \$338 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 22-22566-GLT Doc 30 Filed 01/18/23 Entered 01/18/23 15:14:11 Desc Main Document Page 57 of 58

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Pennsylvania

| In | re | Kristal C. Ower | ns | | Case No. | 22-22566 |
|------|----------|---|---|-----------------------------------|-----------------------------|---------------------------------------|
| | | | | Debtor(s) | Chapter | 11 |
| | | DISC | CLOSURE OF COMI | PENSATION OF AT | TORNEY FOR DE | EBTOR(S) |
| 1. | cor | mpensation paid to | . § 329(a) and Fed. Bankr. P. 2 me within one year before the of the debtor(s) in contemplat | filing of the petition in bankru | ptcy, or agreed to be paid | to me, for services rendered or to |
| | | For legal service | s, I have agreed to accept | | \$ | 7,500.00 |
| | | | g of this statement I have receive | | | 0.00 |
| | | Balance Due | All work billed | d hourly | \$ | 7,500.00 |
| 2. | \$_ | 1,738.00 of th | e filing fee has been paid. | | | |
| 3. | Th | e source of the com | npensation paid to me was: | | | |
| | | ☐ Debtor | Other (specify): | | | |
| 4. | Th | e source of comper | nsation to be paid to me is: | | | |
| | | Debtor | ☐ Other (specify): | | | |
| 5. | | I have not agreed | to share the above-disclosed co | ompensation with any other pe | erson unless they are mem | bers and associates of my law firm |
| | | | hare the above-disclosed comp ment, together with a list of the | | | or associates of my law firm. A ched. |
| 6. | In | return for the abov | e-disclosed fee, I have agreed | to render legal service for all a | spects of the bankruptcy c | ase, including: |
| | b. c. | Preparation and fil Representation of [Other provisions | btor's financial situation, and reling of any petition, schedules, the debtor at the meeting of creas needed] illed Hourly | statement of affairs and plan | which may be required; | |
| 7. | Ву | | e debtor(s), the above-disclose illed Hourly | d fee does not include the follo | owing service: | |
| | | | | CERTIFICATION | | |
| this | | ertify that the foreg kruptcy proceeding | | f any agreement or arrangeme | nt for payment to me for re | epresentation of the debtor(s) in |
| | Jan | uary 18, 2023 | | /s/ Donald R. | Calaiaro | |
| | Date | 0 | | Donald R. Ca | alaiaro | |

Signature of Attorney
Calaiaro Valencik
938 Penn Avenue, 5th Fl.

Pittsburgh, PA 15222

dcalaiaro@c-vlaw.com

Name of law firm

412-232-0930 Fax: 412-232-3858

Suite 501

^{*\$3,270.20} was paid towards pre-petition fees

United States Bankruptcy Court Western District of Pennsylvania

| In re | Kristal C. Owens | | Case No. | 22-22566 |
|-------|------------------|-----------|----------|----------|
| | | Debtor(s) | Chapter | 11 |

| | VER | RIFICATION OF CREDITOR MATRIX | | |
|--|------------------|---------------------------------------|--|--|
| The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge. | | | | |
| Date: | January 18, 2023 | /s/ Kristal C. Owens Kristal C. Owens | | |
| | | Signature of Debtor | | |